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Fax: (248) 223-9522 Phone: (248) 223-9500

To:

Michael S. Chambers

Fax No.:

703-872-9306

From:

John S. Artz

Date:

December 27, 2004

Our File No.:

WLI 1096 PUS

Serial No.:

10/605,643

Comments:

Please find attached Applicants' Response to the Office Action dated August 27, 2004,

as it relates to the above referenced patent application serial number.

Total Pages (incl. Cover sheet): ____15__

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Latitia Ford
(Operator)

28333 TELEGRAPH ROAD, SUITE 250, SOUTHFIELD, MICHIGAN 48034 TELEPHONE: (248) 223-9500 -- FACSIMILE: (248) 223-9522 DEC-27-2004 14:35

PTO/SB/17 (12-04v2)

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U.S. Petent and Under the Panerwork Reduction Act of 1985, no namons are moulted to respond to a collection of information unless it displays a valid OMB control number Complete if Known Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act. 2005 (H.R. 4918). Application Number 10/605,643 RANSI Filing Date 10/15/2003 For FY 2005 First Named Inventor David Morrow Examiner Name Michael S. Chambers Applicant claims small entity status. See 37 CFR 1.27 Art Unit 3711 TOTAL AMOUNT OF PAYMENT 470.00 **WLI 1096 PUS** Attorney Docket No METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order Other (please identify): None Deposit Account Deposit Account Number: 50-0476 Deposit Account Name: Artz & Artz, PC For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) Indicated below Charge fee(s) Indicated below, except for the filling fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING; information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES SEARCH FEES EXAMINATION FEES** Small Entity Small Entity Small Entity Foos Pald (\$) Application Type Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee.(\$) 300 200 Utility 150 500 250 100 200 100 130 Design 100 50 65 Plant 200 100 300 150 160 ደሰ 500 Reissue 300 150 250 600 300 200 0 Provisional 100 2. EXCESS CLAIM FEES **Small Entity** Fee (\$) Fee (\$) Fee Description Each claim over 20 (including Reissues) ናበ 25 200 100 Each independent claim over 3 (including Reissues) 360 180 Multiple dependent claims Extra Claims Fee Paid (\$) Multiple Dependent Claims Total Claims Fee (\$) - 20 of HP = 50 350.00 Fee (\$) Fee Paid (\$) 27 HP = highest number of total claims peld for, if greater than 20. Fee Paid (\$) Extra Claims Fee (\$) <u>indep. Claims</u> 3 - 3 or HP = 0 200 HP = highest number of independent claims paid for, if greater than 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Total Sheets Extra Sheets _ 100 = (round up to a whole number) x / 5D = 4. OTHER FEE(8) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): Petition for One Month Extension of Time 120.00

SUBMITTED BY	\wedge	^ _			
Signature	John	S. 051	Registration No. (Attorney/Agent) 35,431	Telephone 248-223-9500	
Name (Print/Type)	John S. Artz	7		Date 12/27/2004	

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiatity is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will very depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Tradement Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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